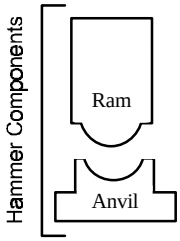
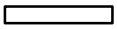
Contact No.:_____ Des. No.: _____
Project No. / Location:_____ Structure No_____
_____ .Design Consultant_____
County: _____ Contractor _____



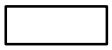
Hammer

Manufacturer:_____ Model No.: _____
Hammer Type:_____ Serial No.:_____
Manufacturers Maximum Rated Energy:_____ (Joules)
Stroke at Maximum Rated Energy: _____ (meters)
Range in Operating Energy: _____ to _____ (Joules)
Range in Operating Stroke: _____ to _____ (meters)
Ram Weight: _____ (kg)
Modifications:_____
_____
_____



Striker Plate

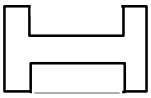
Weight:_____ (N) Diameter:_____ (mm)
Thickness: _____ (mm)



Hammer Cushion

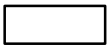
	Material # 1	Material # 2 (for Composite Cushion)
Name:	_____	_____
Area:	_____ (cm^2)	_____ (cm^2)
Thickness/Plate:	_____ (mm)	_____ (mm)
No. of Plates:	_____	_____

Total Thickness of Hammer Cushion: _____



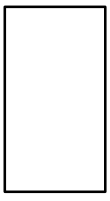
Helmet (Drive Head)

Weight:_____ (kN)



Pile Cushion

Material: _____
Area:_____ (cm^2) Thickness/Sheet: _____ (mm)
No. of Sheets: _____
Total Thickness of Pile Cushion: _____ (mm)



Pile

Pile Type:_____
Wall Thickness: _____(mm) Taper: _____
Cross Sectional Area: _____(cm^2) Weight/Meter: _____

Ordered Length:_____(m)
Design Load: _____(kN)
Ultimate Pile Capacity _____(kN)

Description of Splice _____
_____
Driving Shoe/Closure Plate description: _____
_____
Submitted By:_____ Date: _____
Telephone No.:_____ Fax No.:_____